Approved for use through 7/31/2009. OMB 6551-0032
U.S. Petent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperviorit Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number Application or Doctor Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Coturn 2) RATE NUMBER EXTRA RATE FEE NUMBER FILED FOR 170.0 BASIC FEE (37 CFR 1.18(a)) OR TOTAL CLAME X S X S OR minus 20 • (37 CFR 1.18(c)) x s *:*: C. cuntrn X S OR (27 CPR 1.18(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) TOTAL OR TOTAL of the difference in column 1 is less than zero, order "O" in column 2. 2-15-00 CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 3) . CLAMS HIGHEST ADDIF TIONAL FEE ADDI-TIDNAL FEE PRESENT RATE REMADING MUMBER PAID FOR AFTER : EXTRA Total ENDM OR x s tridependent (37 GFR 1.180-) 0 x s FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (SF CFR 1.18(4)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE Cauma 1 (Column 2) (Cotumn 3) HIGHEST CLAIMS: PRESENT RATE RATE ADD: ADDI-TIONAL NUMBER PREVIOUSLY REMAINING AFTER | ; FEE PAID FOR FEE Minus X 2 ' × 9 OR EURST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (N7 CFR 1.16(0)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Cotumn 1) (Cotumn 2) (Column 3) CLAUMS HIGHEST ADDI-TIONAL FEE PRESENT EXTRA RATE RATE ACIO REMAINING NUMBER TIONAL AFTER PREVIOUSLY :: PAID FOR Total po com s.ssp.cq. OR' Of CAS Precia εŢ OR FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.16(4)) OR TOTAL TOTAL \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

\*\* The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

\*\* The "Highest Number Previously Paid For" (Total or Independent) is the Highest number bound in the appropriate box in column 1.

\*\*This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to lite (and by the USPTO or process) are application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete user to be charged upon the Individual case. Any comments on the amount of time you require to complete the some safer suggestions for reducing this burden, should be sent to the Chell Information Officer, U.S. Petern and Tinglemark Office; U.S. Department of Commission, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

\*\*If you need assistance in completing the form, call 1-800-PTO-9199 and setect option 2 ADD'L FEE ADD'L FEE ΩR